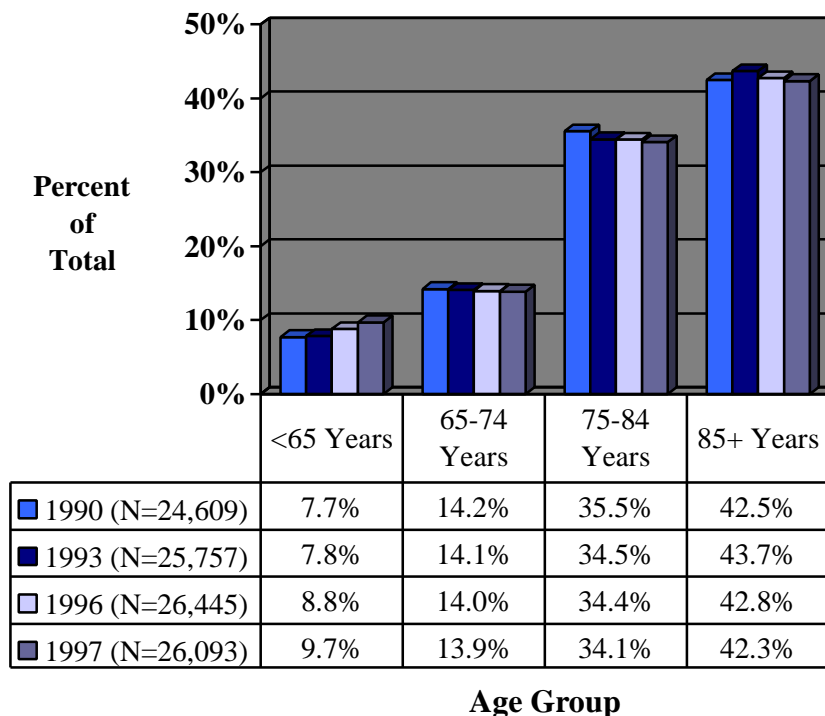


The focus of this section of the Chartbook is on residents of freestanding nursing homes as well as comparisons of how those residents are similar to and different from the residents of assisted living facilities and continuing care retirement communities (CCRCs). Trends in age, race and gender of nursing home residents are examined in this section. After establishing the characteristics of a “typical resident”, comparisons are made for various subgroups of long term care facility residents by race, gender, living situation prior to admission, marital status, payer source, source of admission, principal diagnosis, degree of care, activities of daily living, and continence.

Figure 14. Trends in Nursing Home Resident Age: Maryland, 1990 to 1997
(Residents on December 31st)



Source: Maryland Health Care Commission, Maryland Long Term Care Survey, 1990 to 1997; and 1997 Maryland Subacute Care Survey.

Between 1990 and 1997, the under 65 year age group in all nursing home beds combined increased from 7.7 to 9.7 percent of total residents.

Between 1990 and 1997, the 65 to 74 year age group decreased from 14.2 to

13.9 percent and the 75 to 84 year age group declined from 35.5 to 34.1 percent.

The over 85 year age group, as a proportion of all nursing home residents, remained fairly stable between 1990 and 1997. In both 1990 and 1997, the 85 and

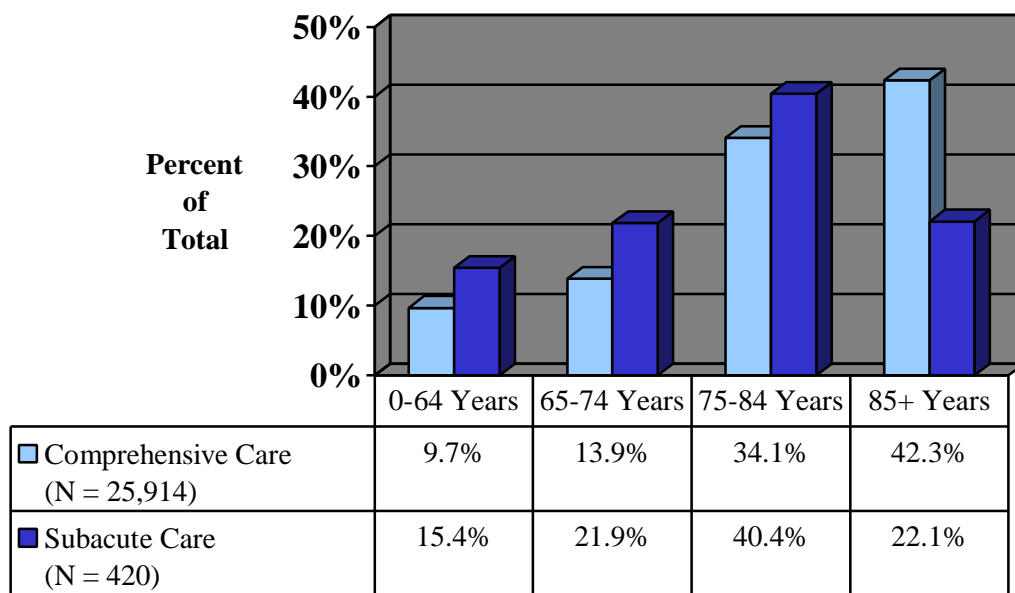
older age group accounted for 42 percent of all residents.

| The development of shorter-stay subacute care units is a factor contributing to the increase in the under 65 year age group between 1993 and 1997. Figure 15 illustrates the difference in age distribution between the comprehensive

level of care and acute care hospital-based subacute care facilities in Maryland during 1997.

| The mean age for comprehensive care residents is 80.6 years. For hospital-based subacute care patients, the mean age is 75.4 years.

Figure 15. Age Distribution of Comprehensive Care Residents and Hospital-Based Subacute Care Patients: Maryland, 1997



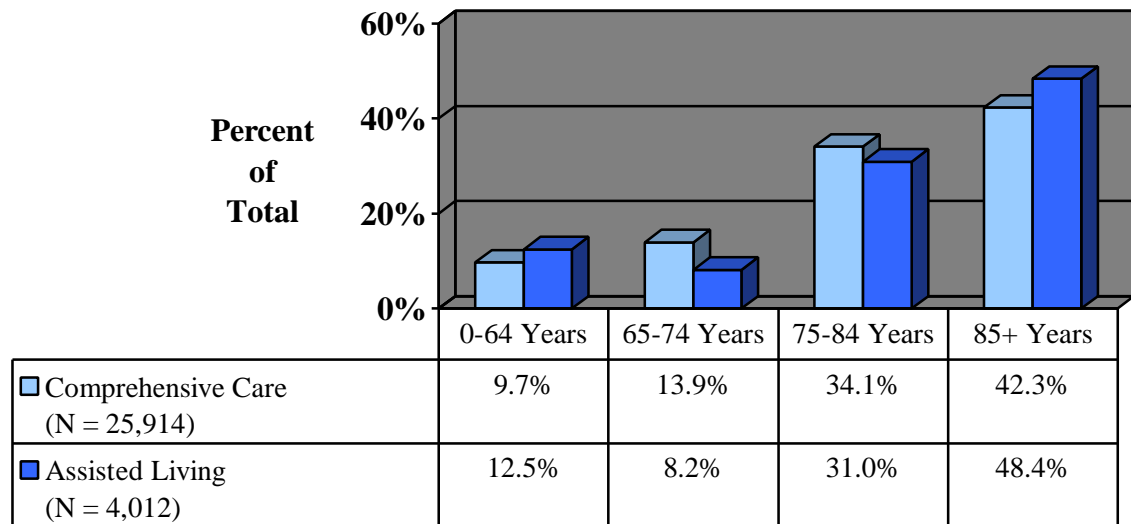
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey (Residents as of 12/31/97); and 1997 Maryland Subacute Care Survey.

| As shown in Figure 15, a higher proportion of the subacute care patients are under 85 years of age as compared to the age distribution observed in comprehensive care facilities. While 78 percent of subacute care patients were under 85 years in 1997, only 58 percent

of comprehensive care residents were under age 85 in 1997.

| Typically, subacute care patients are younger, less likely to be disabled and more likely to be discharged home than those in comprehensive care beds.

Figure 16. Age (As of December 31, 1997) Distribution of Comprehensive Care and Assisted Living Residents: Maryland, 1997

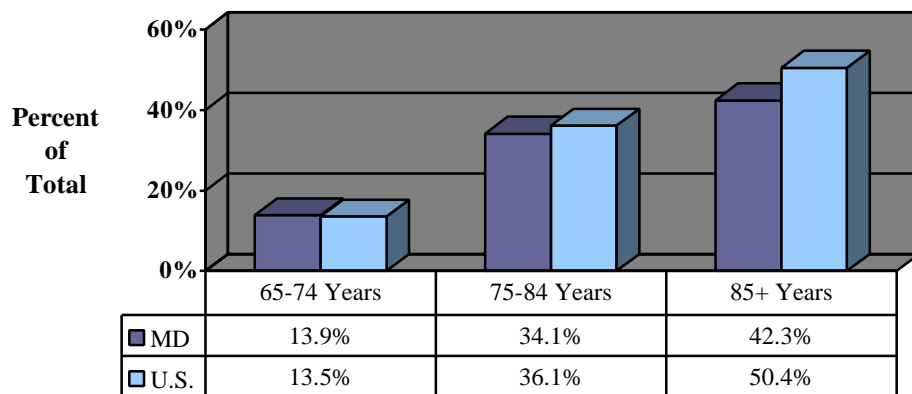


Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Figure 16 shows the difference in age distribution between Maryland nursing home and assisted living residents on December 31, 1997. The greater percentage of assisted living residents in

the 85 and over age group indicates that assisted living is utilized proportional to its capacity more than nursing homes by this age cohort.

Figure 17. Nursing Home Resident Age: Maryland and U.S., 1997



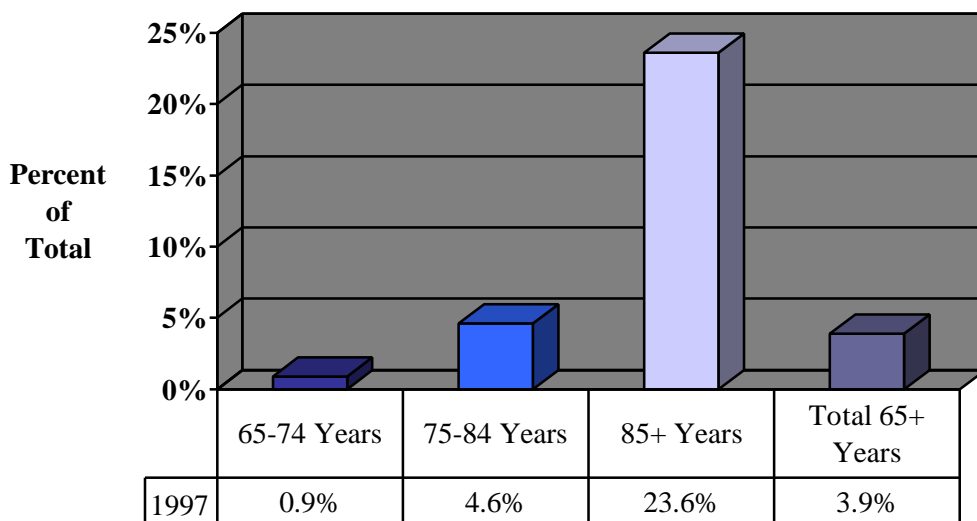
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey, comprehensive and subacute care residents combined; and U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics; *Advance Data*, No. 312, April 25, 2000.

| As shown in Figure 17, compared to national figures, Maryland nursing homes have proportionately fewer residents between the ages of 75 to 84 years. Thirty-four percent of Maryland nursing home residents are 75 to 84 years of age, while nationally 36 percent are in this age group.

| In the over 85 age group, Maryland nursing homes have proportionately fewer residents as compared with the U.S. as a whole.

THE OVER 65 POPULATION IN NURSING HOMES

Figure 18. Percent of Over 65 Maryland Population Residing in Nursing Homes by Age Group: December 31, 1997



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey (Maryland Residents only); and, Maryland Office of Planning, Population Estimates and Projections, June 1999 revision, including Calvert County updates of February 2000.

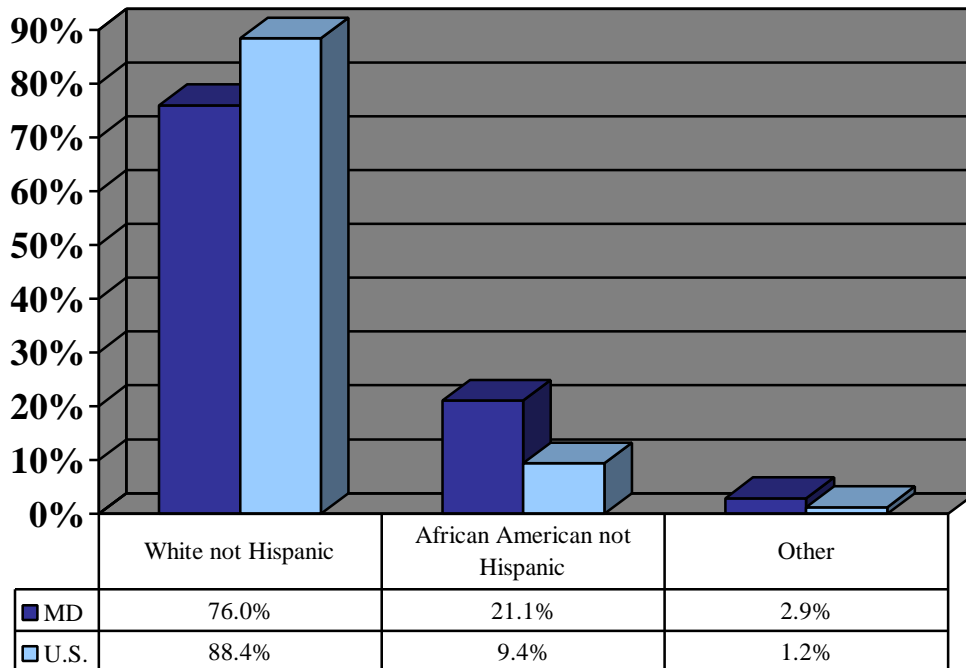
| Figure 18 shows that the risk of entering a nursing home increases with advancing age. While less than one percent of individuals aged 65 to 74 were residents of a nursing home at the end of 1997, almost 24 percent of Maryland residents 85 and over were living in a nursing home.

| Less than 5 percent of Maryland residents aged 75 to 84 were residing in a nursing home at the end of 1997.

| Although the likelihood of residing in a nursing home increases with age, the vast majority of those aged 65 and over live in the community or in other settings. At the end of 1997, about 4 percent of all Maryland over the age of 65 were living in a nursing home.

RACE OF NURSING HOME RESIDENTS

Figure 19. Nursing Home Residents Over Age 65 by Race: Maryland and U.S., 1996

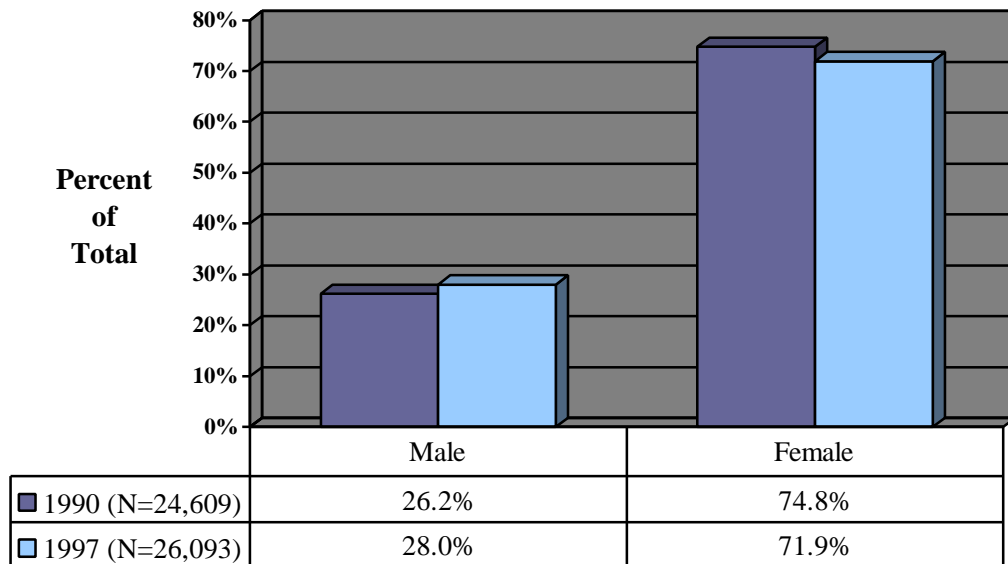


Source: Maryland Health Care Commission, 1996 Maryland Long Term Care Survey, 1996 Maryland Subacute Care Survey; and, U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics; *Advance Data*, No. 312, April 25, 2000

| The racial make up of the Maryland nursing home population is more diverse than that of the nation as a whole. Maryland nursing homes have fewer white residents of non-Hispanic origin, more than twice as many African American residents than the U.S., and more than twice as many of other races.

GENDER OF NURSING HOME RESIDENTS

Figure 20. Trends in Nursing Home Resident Gender for All Age Groups: Maryland, 1990 and 1997



(NOTE: Shows residents of all ages.)

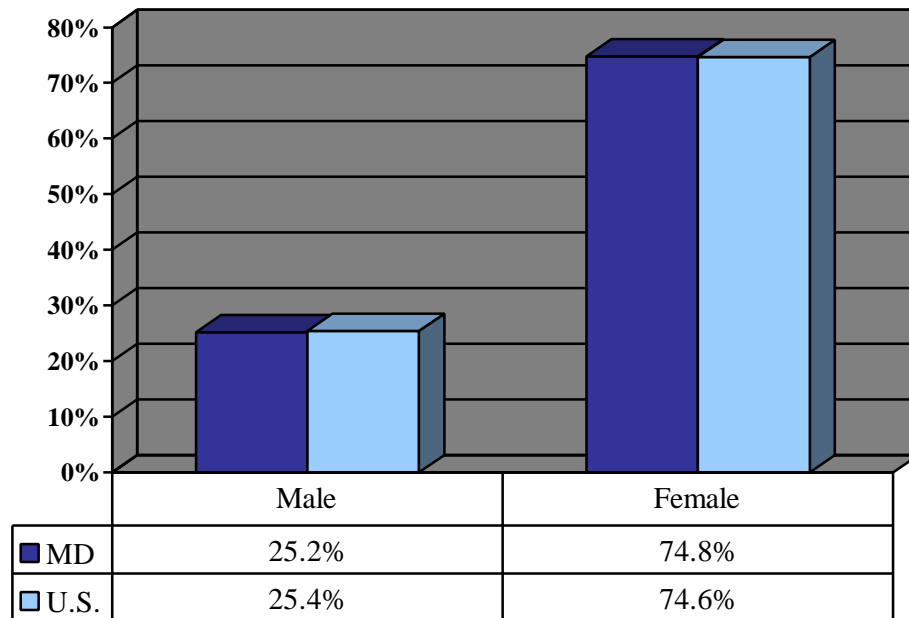
Source: Maryland Health Care Commission, 1990 and 1997 Maryland Long Term Care Surveys; and 1997 Maryland Subacute Care Survey.

For many years women consistently made up 75 percent of the nursing home population. However, the ratio of men to women living in Maryland Nursing Homes has shifted slightly in recent years. In 1997, the male nursing home population increased to 28 percent with a concomitant decrease in the female population to 72 percent.

Although the cause of the shift in gender distribution over the last several

years is not clear, a number of factors may have contributed to the increase in the proportion of male nursing home residents. For example, as noted earlier, there has been an increase in the percent of nursing home residents that are less than 65 years of age. Because the younger population is more likely to be male, this increase in younger nursing home residents may have contributed to the greater proportion of males observed in the 1997 reporting period.

Figure 21. Nursing Home Residents Over Age 65 by Gender: Maryland and U.S., 1997



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey, 1997 Maryland Subacute Care Survey; and, U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics; *Advance Data*, No. 312, April 25, 2000

| Compared to the United States as a whole, the gender make up of the Maryland nursing home population age 65 years and older is similar. In 1997, male nursing home residents represented about 25 percent of total residents for both Maryland and U.S. nursing home facilities. The female nursing home population accounted for about 75 percent of the total.

PROFILES OF NURSING HOME RESIDENTS

Table 3. Characteristics of a Typical Nursing Home Resident (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 25,914
Age	Mean: 80.6 Years Median: 83 Years
Gender	Female: 72.4%
Marital Status	Widowed: 54%, Married: 20%, Never Married: 16%
Living Situation Prior to Admission	Living alone: 30%, Other Living Situation: 17%, Living with Children: 16%, With spouse: 15%
Payment Source on Admission	Medicaid: 36%, Medicare: 30%, Private Pay: 26%
Admitted From	Acute General Hospital: 54%, Private Home: 21%
Discharged To	Private Home with or without Home Health: (36 %), Deceased: (32%)
Principal Diagnosis	Mental Disorder: 21%, Circulatory System Disease: 27%
Length of Stay	Mean: 257 Days Median: 22 Days
Degree of Care on Admission	Moderate: 42%, Light: 27%, Heavy: 22%
Toilet Use	Totally Dependent: 38%, Independent: 20%
Transfer	Independent: 29%, Totally Dependent: 28%
Eating	Independent: 49%, Totally Dependent: 18%
Dressing	Totally Dependent: 38%, Extensive Assistance: 26%
Bladder Continence	Continent: 37%, Incontinent: 32%
Bowel Continence	Continent: 44%, Incontinent: 32%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

(NOTE: A typical nursing home resident refers to a resident of a comprehensive care facility; length of stay is based on discharges during calendar year 1997)

SUB-GROUPS OF NURSING HOME RESIDENTS

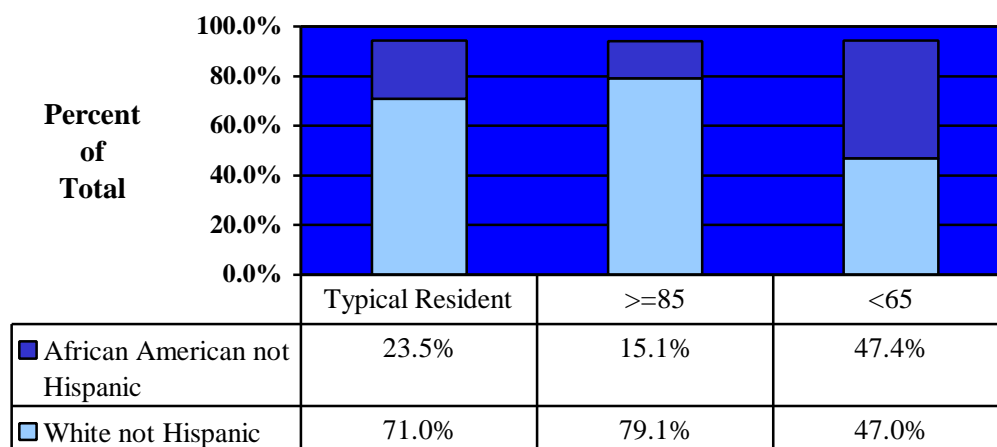
Maryland Long Term Care Survey data from 1997 was analyzed based on specified sub-groups of residents to determine similarities and differences in key characteristics. The sub-groups are comprised of nursing home residents, excluding subacute care, and are specified as follows:

- 1) cognitively impaired on admission;
- 2) incontinent of bowel and bladder on admission;
- 3) heavy and heavy-special care on admission;
- 4) moderate care on admission;
- 5) light care on admission;
- 6) circulatory system disease on admission;
- 7) nervous system disease on admission;
- 8) mental disorder diagnosis on admission;
- 9) 85 years of age and older;

- 10) under 65 years of age;
- 11) length of stay less than 10 days;
- 12) length of stay 10 to 20 days, and;
- 13) length of stay greater than 20 days.

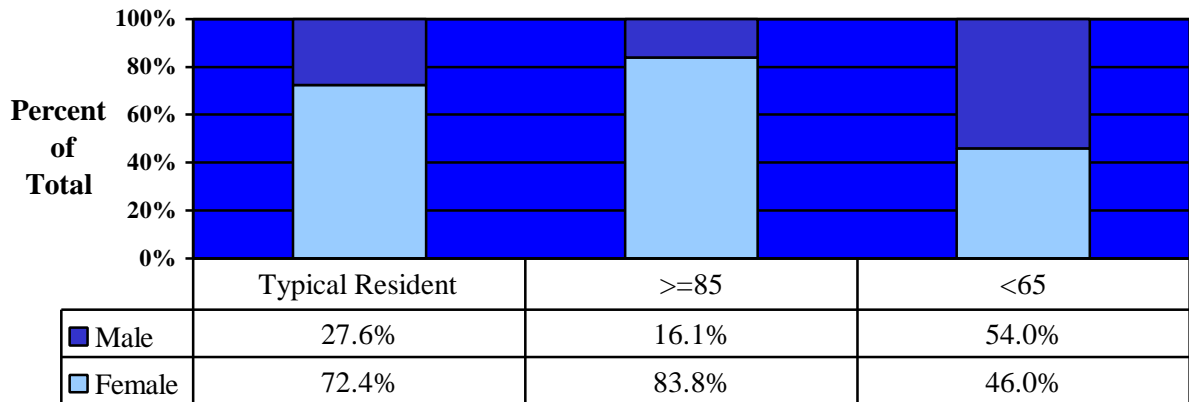
These sub-groups are defined in the Technical Notes section of this chart book. The following graphs show only the sub-groups that were notably different from a typical nursing home resident for each variable. Not all possible responses are shown for each variable. Note that some groups are not mutually exclusive and may be made up of individuals who are identified in more than one sub-group. The sub-groups are summarized in Figures 22 through 31. More detailed information describing the sub-groups is included in Tables 4 through 13.

Figure 22. Variations in Nursing Home Resident Race: Maryland, 1997
(Residents as of 12/31/97)



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

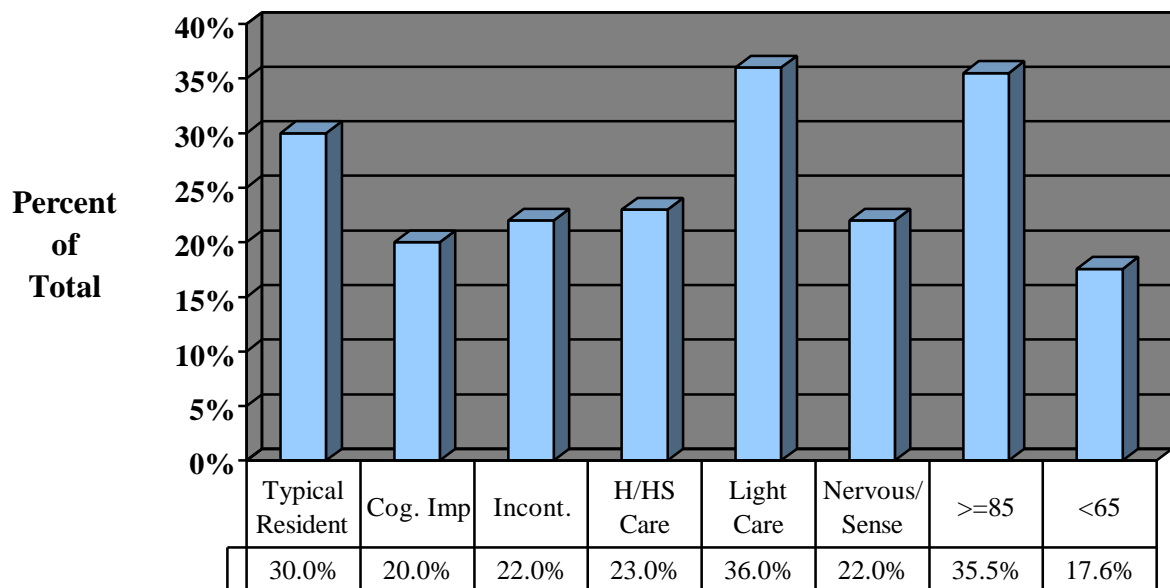
Figure 23. Variations in Nursing Home Resident Gender: Maryland, 1997
(Residents as of 12/31/97)



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

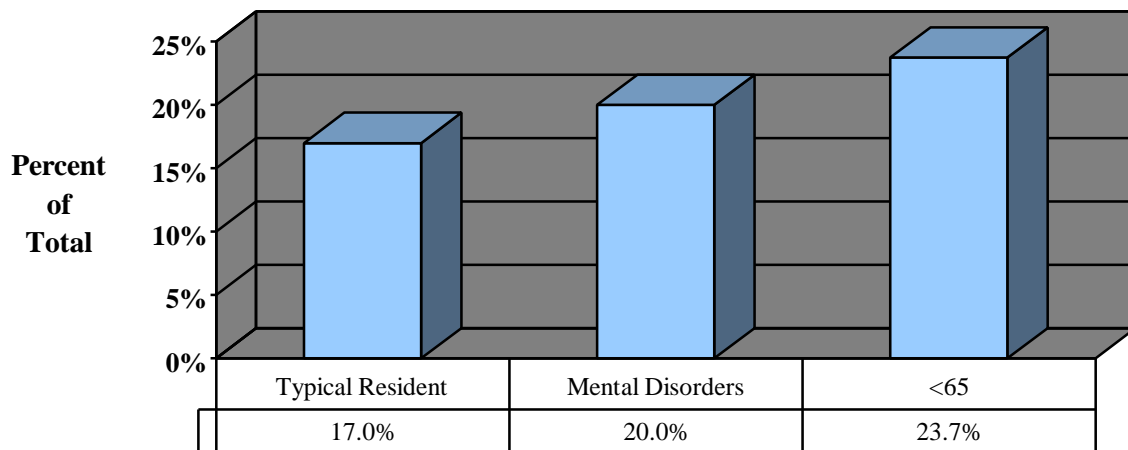
Figure 24. Variations in Nursing Home Resident Living Situation Prior to Admission: Maryland, 1997 (Residents as of 12/31/97)

24A. Living Alone Prior to Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

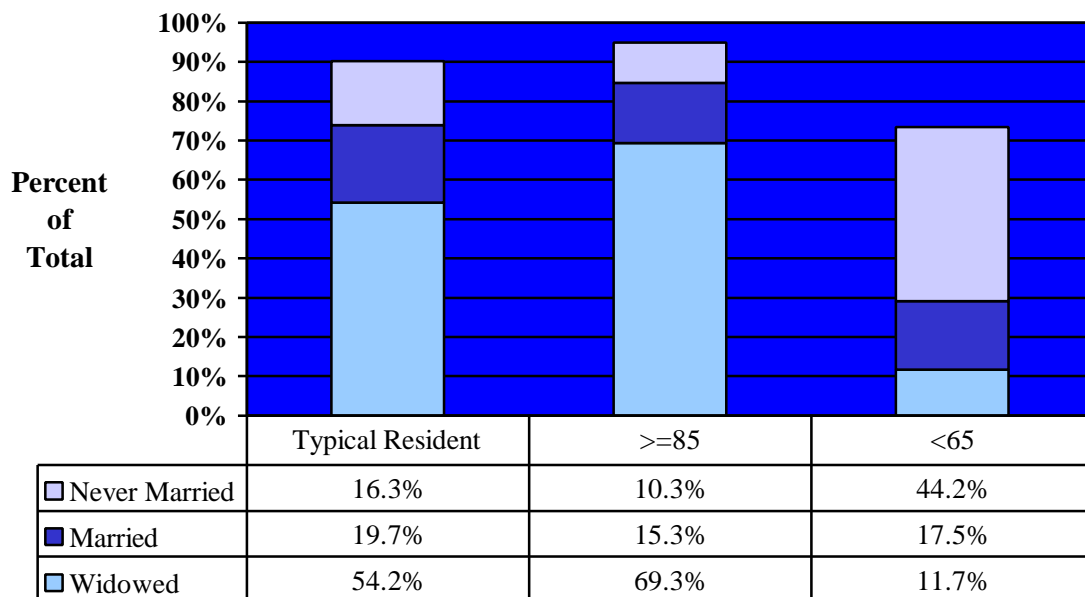
24B. Other Living Situation Prior to Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

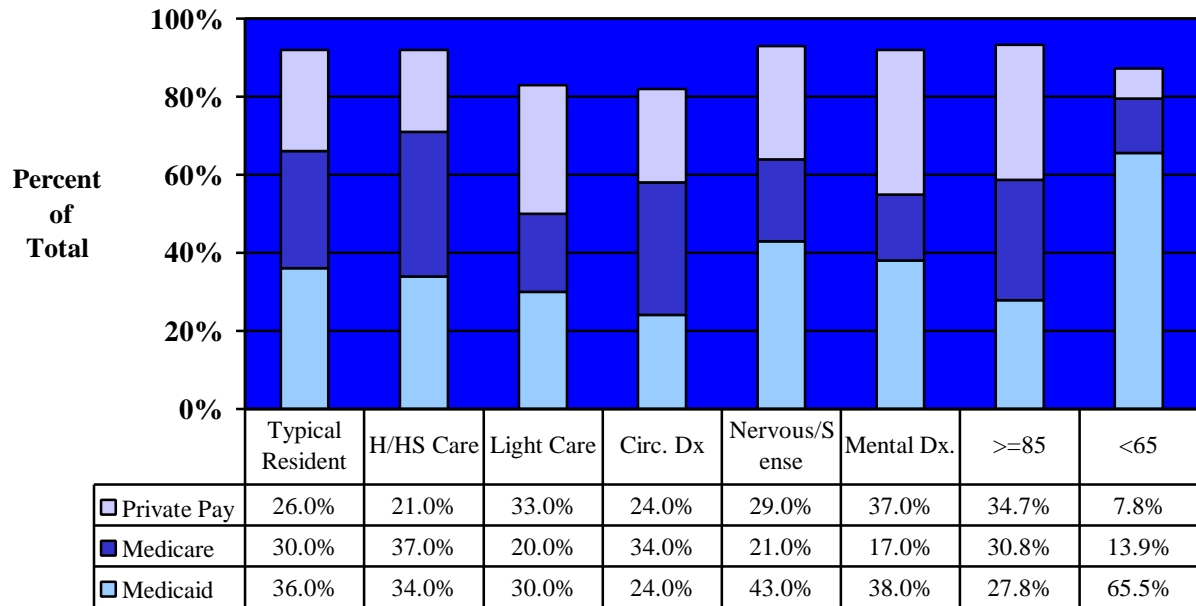
(NOTE: Other living situation refers to a living situation that is not included in "Lived alone", "living with spouse", "living with children", "living with other relatives", "living with unrelated persons", and "homeless".)

Figure 25. Variations in Nursing Home Resident Marital Status: Maryland, 1997 (Residents as of 12/31/97)



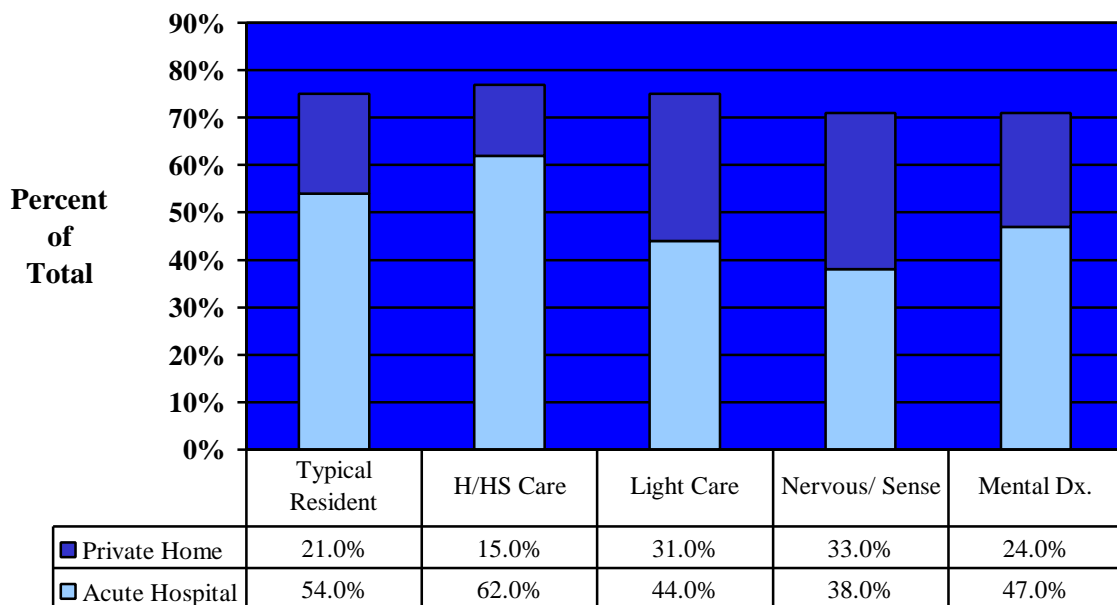
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey. (NOTE: Values for "Divorced" and Separated" are not shown.)

Figure 26. Variations in Nursing Home Resident Payer Source: Maryland, 1997 (Residents as of 12/31/97)



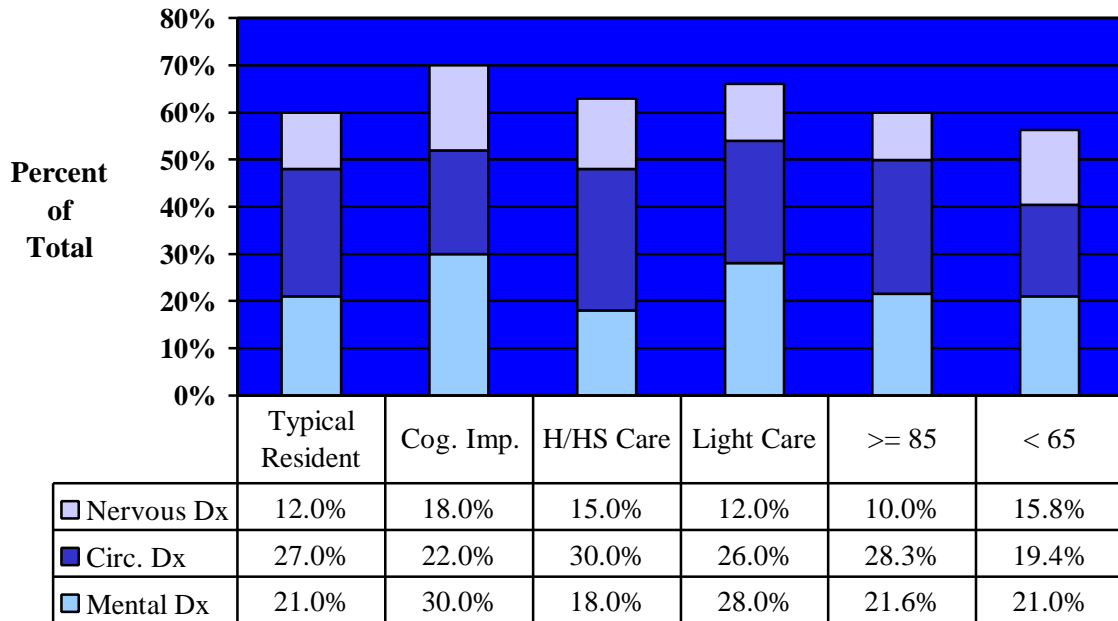
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Figure 27. Variations in Nursing Home Resident Source of Admission: Maryland, 1997 (Residents as of 12/31/97)



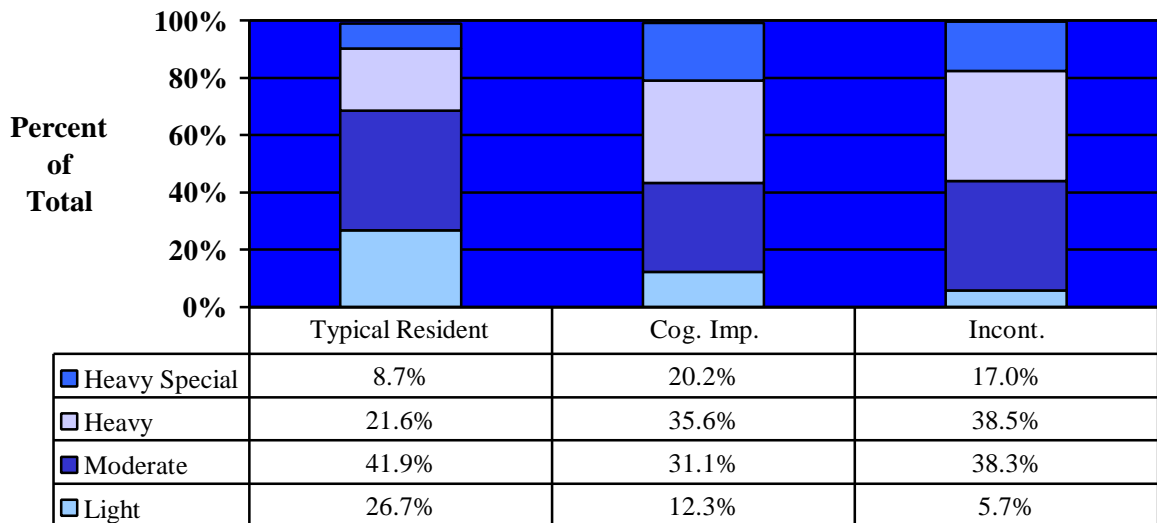
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Figure 28. Variations in Nursing Home Resident Principal Diagnosis: Maryland, 1997 (Residents as of 12/31/97)



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

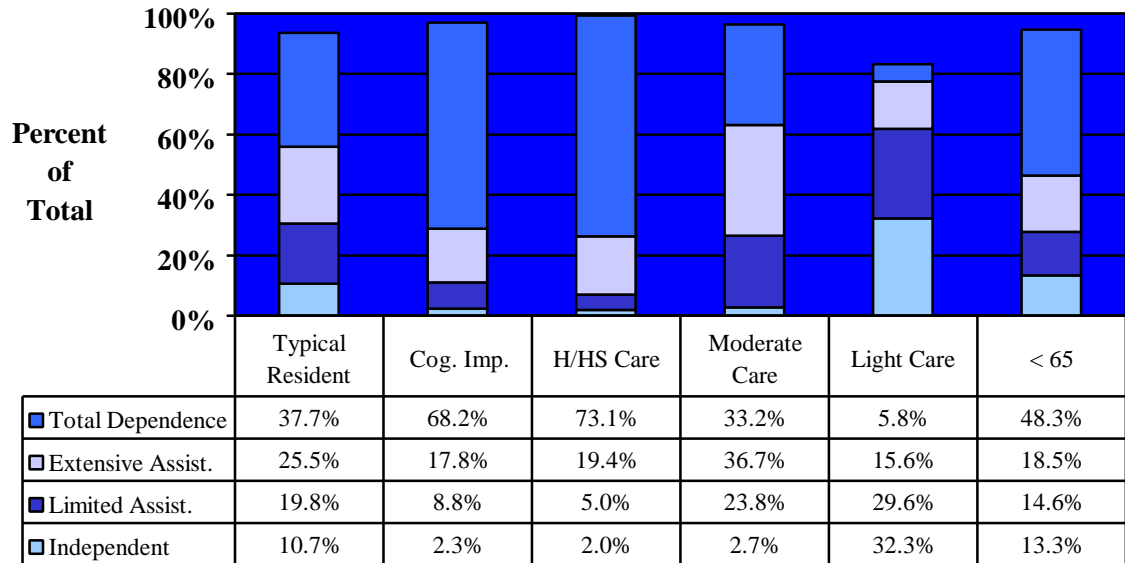
Figure 29. Variations in Nursing Home Resident Degree of Care: Maryland, 1997 (Residents as of 12/31/97)



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

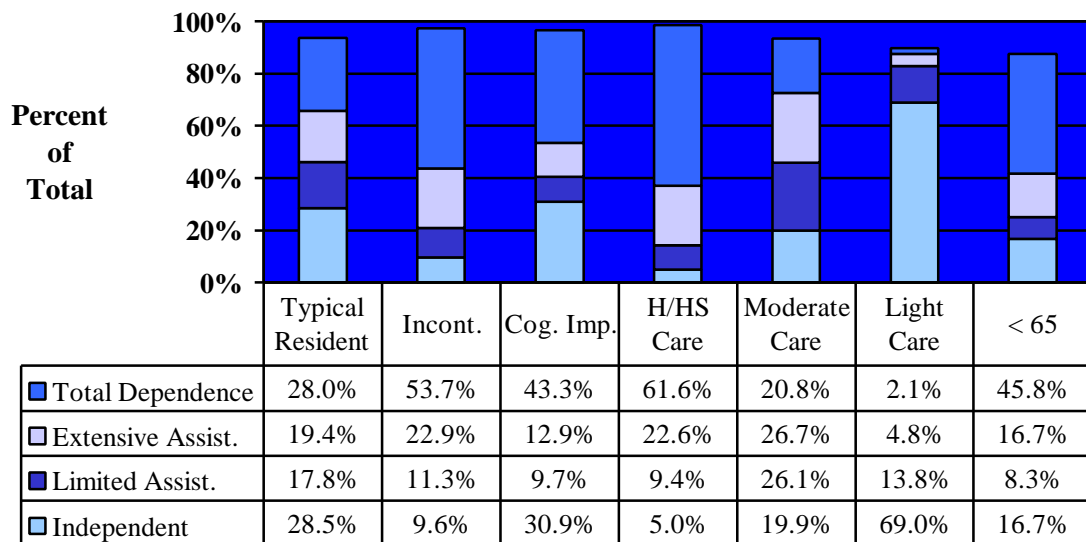
Figure 30. Variations in Nursing Home Resident Activities of Daily Living: Maryland, 1997 (Residents as of 12/31/97)

30A. Dressing: Self Performance on Admission



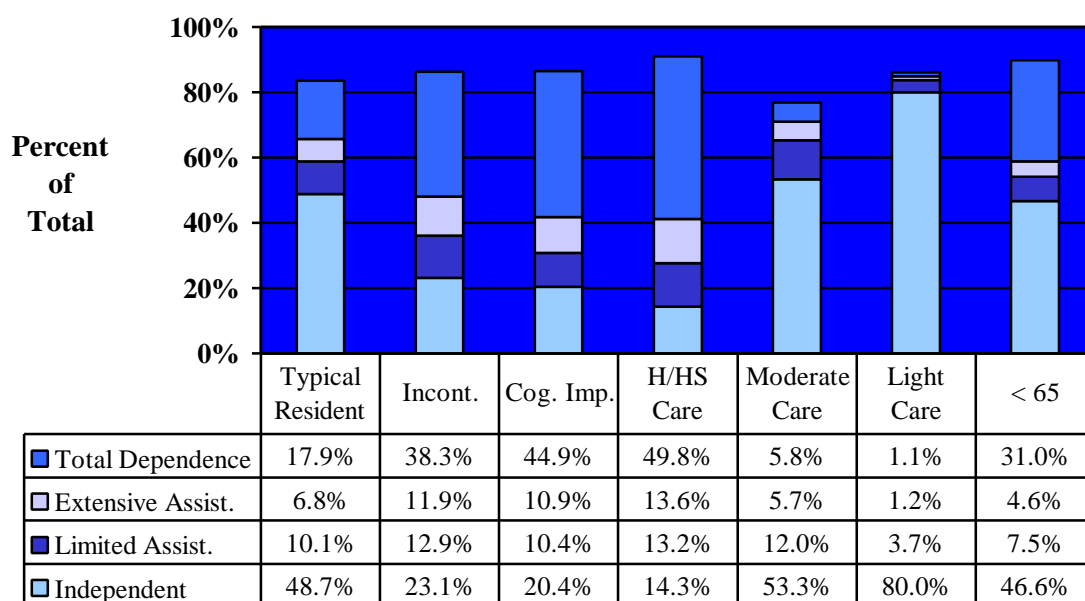
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey. (NOTE: Values for "Supervision" not shown.)

30B. Transfer: Self Performance on Admission



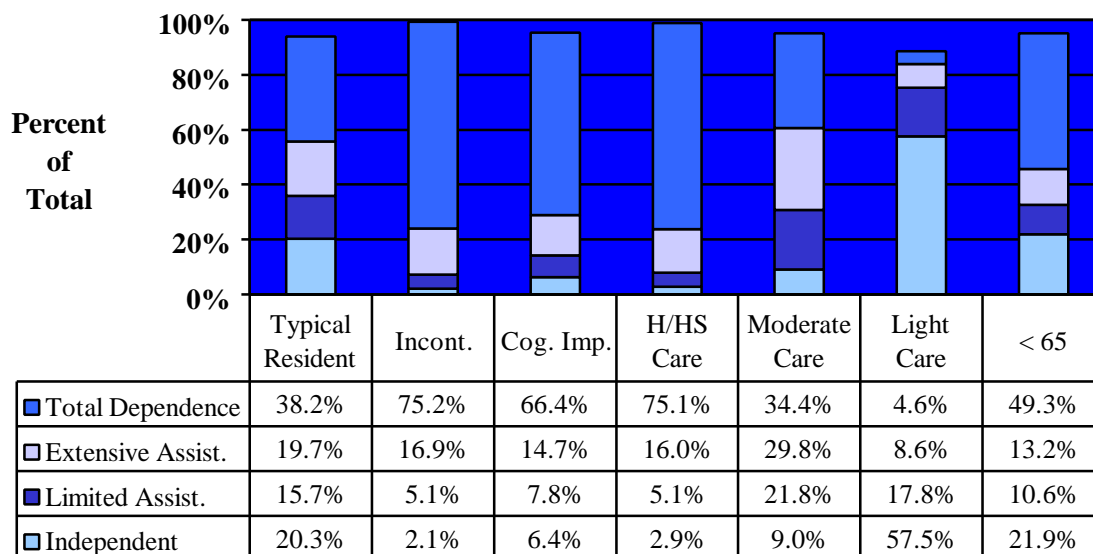
Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey. (NOTE: Values for "Supervision not shown.")

30C. Eating: Self Performance on Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey. (NOTE: Values for "Supervision" not shown.)

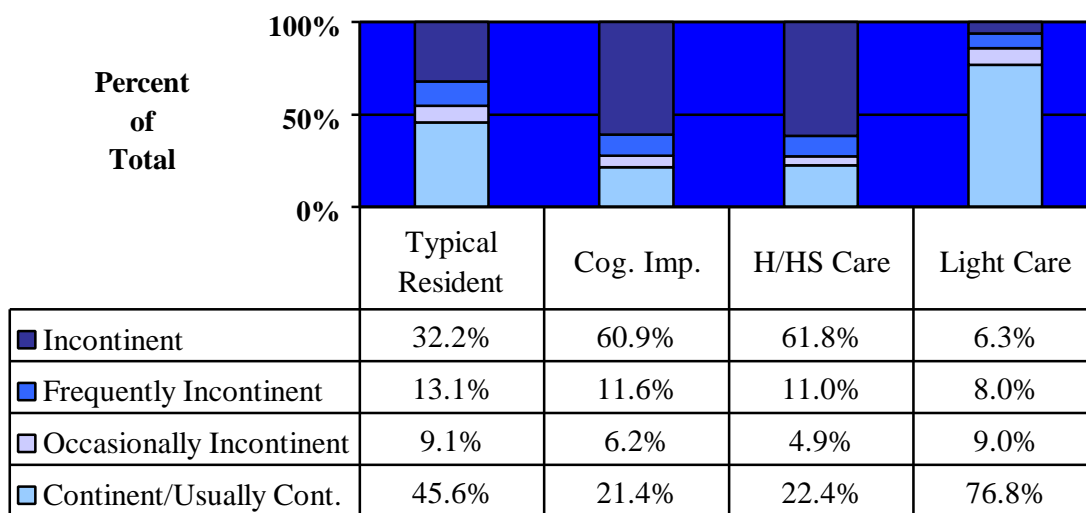
30D. Toileting: Self Performance on Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey. (NOTE: Values for "Supervision" are not shown.)

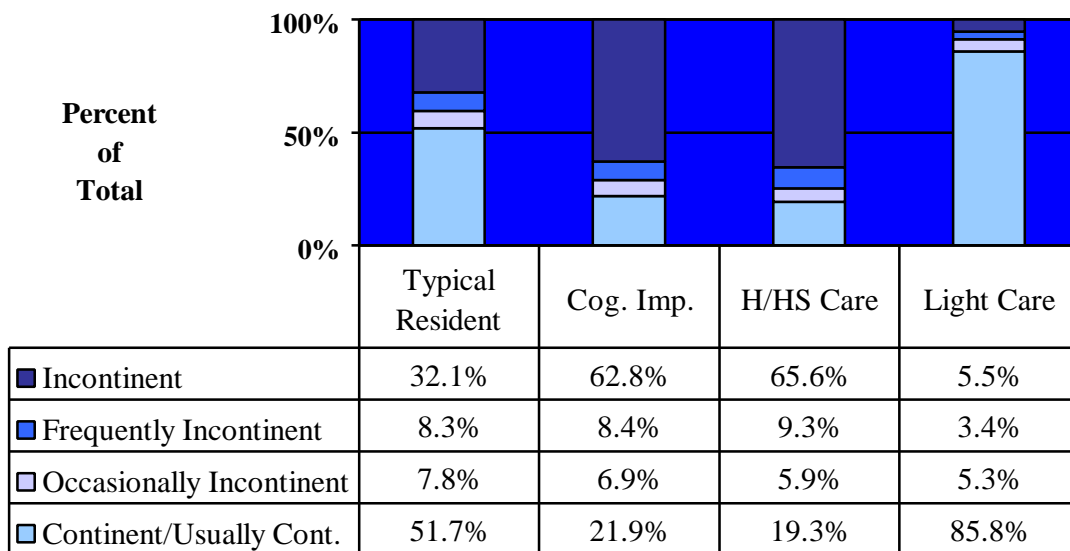
Figure 31. Variations in Nursing Home Resident Continence: Maryland, 1997 (Residents as of 12/31/97)

31A. Bladder Continence on Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

31B. Bowel Continence on Admission



Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Summary of Subgroups: Figures 22 - 31

| Although length of stay for both subacute residents and comprehensive care residents combined is 257 days on average, with a median of 22 days, analysis of length of stay patterns for comprehensive care residents only shows different results. In 1997, the average length of stay for comprehensive care residents only was 413 days, with a median of 41 days. (Length of stay differences are discussed further in relation to Figure 49).

| The discharge destination for men and women differs from the distribution of the overall nursing home population. Women are slightly less likely to be discharged to an acute care hospital (17 percent compared to 21 percent for men) and slightly more likely to be discharged home (37 percent compared to 35 percent for men). About 33 percent of women as compared to 31 percent for men report discharge due to death.

| Figure 24A shows that more nursing home residents whose degree of care is categorized as light, and residents whose age is greater than equal to 85 years old have lived alone prior to admission for nursing home care.

| Figure 27 shows that more residents who are categorized as heavy or heavy

special care are admitted from an acute care hospital than what is typical for nursing home residents. Fewer nursing home residents with an admitting diagnosis of nervous sense organ diseases are admitted from an acute general hospital than a typical nursing home patient categorized as heavy or heavy special care.

| Figures 22 and 23 shows that the under 65 age group is evenly divided between men and women. The racial component of the population under 65 is also more evenly divided between African American and white. The under 65 population is also more likely to be dependent in ADLs. (See figure 30)

| The over 85 population in Maryland nursing homes consists of a higher percentage of white, female, and widowed individuals. This population is slightly more likely to be private pay and slightly less likely to have diagnoses of nervous and sense organ disorders.

Table 4. Characteristics of Cognitively Impaired Nursing Home Residents on Admission (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 5,647
Age	Mean: 80 Years; Median: 82 Years
Gender	Female: 72%
Marital Status	Widowed: 52%, Married: 25%
Living Situation Prior to Admission	Living Alone: 20%, With Spouse: 19%, With Children: 18%
Payment Source on Admission	Medicaid: 40%, Medicare: 29%, Private Pay: 25%
Admitted From	Acute General Hospital: 52%, Private Home: 20%
Principal Diagnosis	Mental Disorder: 30%, Circulatory System Disease: 22%, Nervous/Sense: 18%
Degree of Care on Admission	Heavy Care: 36%, Moderate Care: 31%, Heavy Special Care: 20%
Toilet Use	Totally Dependent: 67%,
Transfer	Totally Dependent: 49%, Independent: 19%, Extensive Assistance: 16%
Eating	Totally Dependent: 29%, Independent: 21%,
Dressing	Totally Dependent: 68%, Extensive Assistance: 18%
Bladder Continence	Incontinent: 61%, Continent: 18%
Bowel Continence	Incontinent: 63%, Continent: 18%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

| The cognitively impaired individuals, who are moderately to severely impaired in the Cognitive Skills assessment item on the Minimum Data Set, represent 22 percent of all nursing home residents.

| The cognitively impaired sub-group is slightly less likely than “typical” nursing home resident to be widowed, or married, and less likely to be living alone or with a spouse prior to admission for nursing home care.

| Cognitively impaired individuals are more likely than other nursing home residents to be heavy or heavy-special care, and more likely to be dependent in toilet use, transfer, eating, and dressing.

| In addition, this sub-group is more likely to be incontinent of both bowel and bladder on admission.

Table 5. Characteristics of Incontinent Residents of Nursing Homes on Admission (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 9,269
Age	Mean: 80 Years, Median: 82 Years
Gender	Female: 70%
Marital Status	Widowed: 52%, Married: 23%
Living Situation Prior to Admission	Living Alone: 22%, Other Living Situation: 19%, With Spouse: 18%, With Children: 17%
Payment Source on Admission	Medicaid: 41%, Medicare: 33%, Private Pay: 22%
Admitted From	Acute General Hospital: 58%, Private Home: 16%
Principal Diagnosis	Circulatory System Disease: 30%, Mental Disorders: 22%, Nervous/Sense: 15%
Degree of Care on Admission	Heavy Care: 39%, Moderate Care: 38%, Heavy Special Care: 17%
Toilet Use	Totally Dependent: 75%
Transfer	Totally Dependent: 54%, Extensive Assistance: 23%
Eating	Totally Dependent: 38%, Independent: 23%
Dressing	Totally Dependent: 79%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

‡ Residents who are incontinent of both bowel and bladder at the time of admission to a nursing home are less likely to be living alone, and more likely to be Medicaid than a typical nursing home resident.

‡ The residents in this subgroup are more likely to be admitted from an acute general hospital and less likely to be

admitted from a private home. The degree of care for incontinent residents of nursing homes is more likely to be heavy care.

‡ Incontinent residents are more likely to be totally dependent in toilet use, transfer, eating and dressing than a typical nursing home resident.

Table 6. Characteristics of Heavy and Heavy Special Care Nursing Home Residents on Admission (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 7,844
Age	Mean: 79 Years, Median: 82 Years
Gender	Female: 71%
Marital Status	Widowed: 51%, Married: 24%
Living Situation Prior to Admission	Living Alone: 23%, Other Living Situation: 19%, With Spouse: 19%, With Children: 17%
Payment Source on Admission	Medicaid: 34%, Medicare: 37%, Private Pay: 21%
Admitted From	Acute General Hospital: 62%, Private Home: 15%
Principal Diagnosis	Circulatory System Disease: 30%, Mental Disorders: 18%, Nervous/Sense: 15%
Toilet Use	Totally Dependent: 75%
Transfer	Totally Dependent: 62%
Eating	Totally Dependent: 50%, Extensive Assistance: 14%, Independent: 14%
Dressing	Totally Dependent: 73%
Incontinent of Bladder	Incontinent: 62%
Incontinent of Bowel	Incontinent: 66%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Residents who are heavy or heavy-special care when admitted to a nursing home are less likely to be widowed, and less likely to be living alone prior to admission than most nursing home residents.

Care for the residents in the heavy and heavy-special sub-group is more likely to be paid for by Medicare on admission. This population is much more likely to have been admitted from an acute general hospital than a typical nursing home resident.

This subgroup is more likely to be totally dependent in toilet use, transfer, and dressing, but are similar to a typical nursing home resident in terms of ability to feed oneself.

Heavy and heavy-special residents are much more likely to be incontinent of bladder and bowel than most nursing home residents.

Thirty percent of nursing home residents are heavy or heavy-special care on admission.

Table 7. Characteristics of Moderate Care Nursing Home Residents on Admission (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 10,857
Age	Mean: 82 Years, Median: 83 Years
Gender	Female: 74%
Marital Status	Widowed: 57%, Married: 20%
Living Situation Prior to Admission	Living Alone: 31%, With Children: 17%, Other Living Situation: 16%, With Spouse: 16%
Payment Source on Admission	Medicaid: 35%, Medicare: 31%, Private Pay: 27%
Admitted From	Acute General Hospital: 54%, Private Home: 21%
Principal Diagnosis	Circulatory System Disease: 28%, Mental Disorder: 22%, Nervous/Sense: 13%
Toilet Use	Totally Dependent: 34%, Extensive Assistance: 30%
Transfer	Extensive Assistance: 27%, Limited Assistance: 26%, Total Dependence: 21%
Eating	Independent: 53%, Supervision: 23%
Dressing	Extensive Assistance: 37%, Totally Dependent: 33%, Limited Assistance: 24%
Incontinent of Bladder	Continent: 32%, Incontinent: 28%
Incontinent of Bowel	Continent: 43%, Incontinent: 25%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Residents who are classified as moderate care on admission were, on average, 82 years of age. Like the majority of nursing home residents, individuals requiring moderate care were living alone prior to admission and admitted from an acute care hospital.

A smaller proportion of those who are moderate care on admission are incontinent of bladder or incontinent of bowel than the typical nursing home resident.

Payment source on admission for those who are moderate care on admission parallels that of typical nursing home residents.

Table 8. Characteristics of Light Care Nursing Home Residents on Admission (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 6,918
Age	Mean: 81 Years, Median: 83 Years
Gender	Female: 73%
Marital Status	Widowed: 56%, Never Married: 18%, Married : 16%
Living Situation Prior to Admission	Living Alone: 36%, Other Living Situation: 17%, With children: 16%, With Spouse: 12%
Payment Source on Admission	Medicaid: 30%, Medicare: 20%, Private Pay: 33%
Admitted From	Acute General Hospital: 44%, Private Home: 31%
Principal Diagnosis	Mental Disorder: 28%, Circulatory System Disease: 26%, Nervous/Sense: 12%
Toilet Use	Independent: 58%, Limited Assistance: 18%
Transfer	Independent: 69%
Eating	Independent: 80%
Dressing	Independent: 32%, Limited Assistance: 30%
Incontinent of Bladder	Continent: 65%, Usually Continent: 12%
Incontinent of Bowel	Continent: 78%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Residents admitted to nursing homes as light care are more likely to be widowed or never married, and to have lived alone prior to admission. They represent about 27 percent of the nursing home population.

The residents in this sub-group are more likely to be private pay and less likely to have been admitted from an acute general hospital.

Light care residents are more likely to have a principal diagnosis of mental disorder when admitted to a nursing home and are much more likely to be independent in all ADLs than most nursing home residents.

Almost two-thirds of light care residents are continent of bladder and over three-fourths are continent of bowel on admission for nursing home care.

Table 9. Characteristics of Nursing Home Residents Admitted with a Principal Diagnosis of Circulatory System Disease (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 6,737
Age	Mean: 82 Years, Median: 83 Years
Gender	Female: 73%
Marital Status	Widowed: 58%, Married: 20%
Living Situation Prior to Admission	Living Alone: 33%, With Children: 17%, With Spouse: 16%, Other Living Situation: 15%
Payment Source on Admission	Medicaid: 24%, Medicare: 34%, Private Pay: 24%
Admitted From	Acute General Hospital: 57%, Private Home: 20%
Degree of Care	Moderate: 43%, Light: 25%, Heavy: 22%
Toilet Use	Totally Dependent: 40%, Extensive Assistance: 21%
Transfer	Totally Dependent: 31%, Independent: 23%, Extensive Assistance: 22%
Eating	Independent: 48%, Totally Dependent: 19%, Supervision: 16%
Dressing	Totally Dependent; 40%, Extensive Assistance: 26%
Incontinent of Bladder	Continent: 35%, Incontinent: 34%
Incontinent of Bowel	Continent: 43%, Incontinent: 34%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

‡ Nursing home residents admitted with a principal diagnosis of circulatory system disease are slightly older, on average, than most nursing home residents.

‡ The individuals in this sub-group are slightly more likely to be widowed and to have lived alone prior to admission. They are notably less likely to be

Medicaid on admission than a typical nursing home resident.

‡ Circulatory system patients are slightly more likely to be dependent in transferring, but otherwise are very similar to most nursing home residents on admission in terms of level of dependence in ADLs and in level of continence.

Table 10. Characteristics of Nursing Home Residents Admitted with a Principal Diagnosis of Nervous/Sense Organ Disorders (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 3,422
Age	Mean: 77 Years, Median: 80 Years
Gender	Female: 74%
Marital Status	Widowed: 54%, Never Married: 19%, Married: 18%
Living Situation Prior to Admission	Living Alone: 27%, Other Living Situation: 18%, With Children: 17%
Payment Source on Admission	Medicaid: 43%, Medicare: 21%, Private Pay: 29%
Admitted From	Acute General Hospital: 38%, Private Home: 33%
Degree of Care	Moderate: 41%, Heavy: 25%, Light: 25%
Toilet Use	Totally Dependent: 45%, Independent: 17%
Transfer	Totally Dependent: 32%, Independent: 31%
Eating	Independent: 41%, Totally Dependent: 24%
Dressing	Totally Dependent: 46%, Extensive Assistance: 24%
Incontinent of Bladder	Incontinent: 37%, Continent: 32%
Incontinent of Bowel	Continent: 39%, Incontinent: 37%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Residents admitted to a nursing home with a principal diagnosis of nervous or sense organ disorders are slightly younger on average, and more likely to be Medicaid on admission when compared with the typical nursing home resident.

These residents are less likely to have been admitted from an acute care

hospital and more likely to have been admitted from a private home.

Residents in this sub-group are slightly more likely to be moderate or light care and are more likely to be totally dependent in toilet use, transferring, and dressing than the average nursing home residents.

Table 11. Characteristics of Nursing Home Residents Admitted with a Principal Diagnosis of Mental Disorder (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 5,519
Age	Mean: 81 Years, Median: 83 Years
Gender	Female: 74%
Marital Status	Widowed: 54%, Never Married: 19%, Married: 18%
Living Situation Prior to Admission	Living Alone: 22%, Other Living Situation: 20%, With Children: 16%, With Spouse: 14%
Payment Source on Admission	Medicaid: 38%, Medicare: 17%, Private Pay: 37%
Admitted From	Acute General Hospital: 47%, Private Home: 24%
Degree of Care	Moderate: 41%, Light: 33%, Heavy: 20%
Toilet Use	Totally Dependent: 35%, Independent: 25%
Transfer	Independent: 39%, Totally Dependent: 22%
Eating	Independent: 51%, Supervision: 17%
Dressing	Totally Dependent: 35%, Extensive Assistance: 25%
Incontinent of Bladder	Continent: 35%, Incontinent: 32%
Incontinent of Bowel	Continent: 45%, Incontinent: 31%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

Residents admitted to nursing homes with a principal diagnosis of mental disorders are less likely to have lived alone prior to admission.

The residents in this sub-group are slightly more likely to have been admitted from a private home setting and are very similar to most nursing home residents degree of care.

Residents diagnosed with a mental disorder are notably more independent in ability to transfer, but otherwise similar to a typical nursing home resident in ADLs. Continence level for these individuals is comparable to the typical nursing home resident.

Table 12. Characteristics of Nursing Home Residents 85 Years of Age and Over (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 11,175
Age	Mean: 90 Years, Median: 90 Years
Gender	Female: 84%
Marital Status	Widowed: 69%, Married: 15%
Living Situation Prior to Admission	Living Alone: 35%, With Children: 20%, Other Living Situation: 15%
Payment Source on Admission	Private Pay: 35%, Medicare: 31%, Medicaid: 28%
Admitted From	Acute General Hospital: 52%, Private Home: 26%
Principal Diagnosis	Circulatory System Disease: 30%, Mental Disorders: 21%, Nervous/Sense: 9%
Degree of Care	Moderate: 44%, Light: 28%, Heavy: 21%
Toilet Use	Totally Dependent: 34%, Independent: 21%, Extensive Assistance: 13%
Transfer	Independent: 28%, Totally Dependent: 24%, Limited Assistance: 20%, Extensive Assistance: 21%
Eating	Independent: 50%, Totally Dependent: 14%, Supervision: 18%
Dressing	Totally Dependent: 33%, Extensive Assistance: 28%, Limited Assistance: 23%
Incontinent of Bladder	Continent: 36%, Incontinent: 28%
Incontinent of Bowel	Continent: 46%, Incontinent: 28%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.
(Note: Represents residents who were 85 years of age or older as of December 31, 1997)

Forty-three percent of nursing home residents were 85 years of age or older as of December 31, 1997. These individuals have an average age of 90 years, are overwhelmingly female and widowed, and are more likely to have lived alone or with children than a typical nursing home resident.

The residents in this sub-group are more likely to be private pay on

admission than have care paid for by either Medicare or Medicaid. They are also less likely to be totally dependent in ADLs.

In terms of admitting diagnosis, degree of care, and continence, these residents are comparable to the typical nursing home resident.

Table 13. Characteristics of Nursing Home Residents Less Than 65 Years of Age (Excluding Subacute Care): Maryland, 1997

Characteristic	Residents on Admission N = 2,387
Age	Mean: 52 Years, Median: 55 Years
Race	White: 47%, African American: 47%
Gender	Male: 54%
Marital Status	Never Married: 44%, Married: 18%, Widowed: 12%, Divorced: 17%
Living Situation Prior to Admission	Other Living Situation: 23%, Other Relatives: 20%, Living Alone: 18%, With Spouse: 14%
Payment Source on Admission	Medicaid: 66%, Medicare: 14%, Private Pay: 8%
Admitted From	Acute General Hospital: 52%, Private Home: 26%
Principal Diagnosis	Circulatory System Disease: 27%, Mental Disorders: 21%, Nervous/Sense: 13%
Degree of Care	Moderate: 34%, Light: 25%, Heavy: 23%
Toilet Use	Totally Dependent: 40%, Independent: 22%
Transfer	Totally Dependent: 44%, Independent: 27%
Eating	Independent: 47%, Totally Dependent: 31%
Dressing	Totally Dependent: 48%, Extensive Assistance: 19%
Incontinent of Bladder	Continent: 40%, Incontinent: 39%
Incontinent of Bowel	Incontinent: 44%, Continent: 40%

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.

‡ The under 65 population in nursing homes is almost equally divided between White and African Americans and male and female. Only 18 percent lived alone compared to 30 percent of overall nursing home residents.

‡ This population sub-group is overwhelmingly Medicaid on admission

and is more dependent in toilet use, transfer, and dressing than what is typical for nursing home residents.

‡ In terms of source of admission, principal diagnosis, ability to eat independently and continence, the under 65 population is similar to the majority of nursing home residents.

PROFILE OF ASSISTED LIVING RESIDENTS

Table 14. Characteristics of Assisted Living Residents: Maryland, 1997

Characteristic	Residents on Admission N = 4,012
Age	Mean: 80.2 Years Median: 84.0 Years
Gender	Female: 73%
Marital Status	Widowed: 61%, Never Married: 18%, Married: 13%,
Living Situation Prior to Admission	Living alone: 46%, Other Living Situation: 16%, With spouse: 12%
Payment Source on Admission	Private Pay: 76%
Admitted From	Private Home: 64%
Discharged To	Private Home with or without Home Health: 27 % , Nursing Facility: 27%, Deceased: 18%
Principal Diagnosis	Circulatory System Disease: 28%, Mental Disorder: 26%, Nervous System Disorders: 13%
Length of Stay	Mean: 516 Days Median: 151 Days

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.
(NOTE: Assisted Living includes all facilities licensed for more than 10 assisted living beds.)

| Assisted living residents are slightly older than nursing home residents based on the median age of individuals in both settings. Median age for nursing home residents is 83 years, while median age for assisted living residents is 84 years.

| Residents of assisted living facilities are more likely to have been widowed than their counterparts in nursing homes. They are much less likely to be married and slightly less likely to never have married.

| The percent of assisted living residents who are discharged to a home setting is almost ten percent less than their counterparts in nursing home. They are also less likely to die while a resident of the assisted living facility.

| Lengths of stay for assisted living residents is much longer average of 516 days than that of nursing home residents (average of 257 days).

PROFILE OF CONTINUING CARE RETIREMENT COMMUNITY (CCRC) RESIDENTS

**Table 15. Characteristics of CCRC Comprehensive Care Residents:
Maryland, 1997**

Characteristic	Residents on Admission N = 1,395
Age	Mean: 87 Years Median: 88 Years
Marital Status	Widowed: 59%, Never Married: 12%, Married: 26%
Living Situation Prior to Admission	Living alone: 53%, Other Living Situation: 17%, With spouse: 19%
Principal Payment Source	Private Pay: 80%
Admitted From	Private Home: 41%, Acute General Hospital: 20%, Board/Care/Asst. Living: 20%
Discharged To	Private Home: 36%, Deceased: 25%, Board/Care/Asst. Living: 11%
Principal Diagnosis	Circulatory System Disease: 28%, Mental Disorder: 22%, Nervous System Disorders: 15%
Length of Stay	Mean: 400 Days Median: 26 Days

Source: Maryland Health Care Commission, 1997 Maryland Long Term Care Survey.
(NOTE: Includes comprehensive care beds located within facilities recognized as CCRCs by the
Department of Aging.)

Individuals occupying comprehensive care beds in CCRCs are generally older than typical nursing home residents. The mean and median age for typical nursing home residents are 80.6 and 83 years, respectively. The mean and median age of CCRC nursing home residents is 87 and 88 years, respectively.

CCRC comprehensive care residents are more likely to have lived alone prior to admission (30 percent in nursing homes) and less likely to die (32 percent in nursing homes) while occupying a comprehensive care bed in the CCRC.

The average length of stay for CCRC residents in a comprehensive care bed is greater than that of nursing homes, but

less than that of assisted living facilities. The median length of stay is slightly longer than that of nursing home residents, but much less than assisted living residents.

PROFILE OF SUBACUTE CARE DISCHARGES

Table 16. Characteristics of Hospital-Based Subacute Care Discharges: Maryland, 1997

Characteristic	Patients on Admission N = 420
Age	Mean: 75 years, Median: 77 years
Gender	66% Female
Marital Status	42% Widowed, 38% Married
Living Situation Prior to Admission	32.5% With Spouse, 32% Living alone, 17% With children
Principal Payment Source	Medicare: 84%
Admitted From	Acute General Hospital: 98% %,
Discharged To	69% Private Residence, 11% Acute Care Hospital (Med-Surg Unit)
Principal Diagnosis	24% Circulatory System Disease, 20% Injury & Poisoning, 17% Musculatory Connective Tissue Disorders.
Length of Stay	Mean: 17 Days Median: 12 Days

Source: Maryland Health Care Commission, 1997 Maryland Subacute Care Survey

| Subacute care patients are more likely to be less than 85 years of age (nursing home mean age is 80.6) and slightly more likely to be male (28 percent for nursing home residents). They are also more likely to have nursing home care paid for by Medicare (30 percent for nursing homes) on admission than a typical nursing home resident.

| Subacute care patients are overwhelm-ingly admitted from medical-surgical units of acute general hospitals (54 percent for typical nursing home resident).

| Unlike typical nursing home residents, subacute care patients are more likely to be admitted for injury or poisoning and connective tissue disorders.

| The length of stay for subacute care patients is significantly less than that of the typical nursing home resident. While subacute care patients stay an average of 17 days, the typical nursing home patient has a mean length of stay of 272 days.

